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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)

OMB No 1545-0047

Open to Public The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012 D Employer identification number B Check if applicable SPORTS CAR CLUB OF AMERICA INC Address change 06-0679726 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number BUILDING 300 B STREET FORBES FLD Terminated (785) 357-7222 City or town, state or country, and ZIP + 4 TOPEKA, KS 66619 Amended return Application pending **G** Gross receipts \$ 8,933,771 Name and address of principal officer Is this a group return for JEFF DAHNERT ┌ Yes 🗸 No affiliates? PO BOX 19400 TOPEKA, KS 66619 **H(b)** Are all affiliates included? Yes ✓ No If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ▶ Website: ► www.scca.com **L** Year of formation 1947 **M** State of legal domicile CT Part I Summary Briefly describe the organization's mission or most significant activities TO PROMOTE THE INTEREST IN SPORTS CARS AND AUTOMOTIVE COMPETITION Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . 5 33 Total number of volunteers (estimate if necessary) . . . . 6 3,750 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a 210,532  $\boldsymbol{b}$  Net unrelated business taxable income from Form 990-T, line 34  $\,$ 7b 96,506 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . 20.000 10,000 6,594,480 6,652,074 Program service revenue (Part VIII, line 2g) . . . 239,400 212,230 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 10 105,567 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 6,959,447

78,751 6,953,055 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 2,257,475 2,372,160 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶0 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 4,461,131 4,505,656 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,718,606 6,877,816 18 19 Revenue less expenses Subtract line 18 from line 12 240,841 75,239 (Assets or id Balances **Beginning of Current End of Year** 6,130,597 20 Total assets (Part X, line 16) . . 6,061,931 21 2,598,573 Total liabilities (Part X, line 26) . . . 2,828,283 22 Net assets or fund balances Subtract line 21 from line 20 3,233,648 3,532,024

Signature Block

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

Sign Here ———Paid		***** Signature of officer	2013-07-15 Date					
	ľ	Richard Ehret Vice Pres Finance						
		Type or print name and title						
Doid		Print/Type preparer's name Yvonne G Brownell	Preparer's signature	Date	Check if self-employed	PTIN P00129973		
Prepare	r	Firm's name Mize Houser & C	ompany PA		Firm's EIN 🕨	Firm's EIN ►		
Use On		Firm's address > 534 S KANSAS A	/E 400	Phone no (785) 233-0536		) 233-0536		
		TOPEKA, KS 666	5033454					

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

**▽**Yes **□**No

including grants of \$ (Expenses \$

Total program service expenses ►

3.975.784

) (Revenue \$

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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 $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the 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 $1^{\circ}$ If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer 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		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "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? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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 $M$	29		No
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	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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?	38	Yes	

· (-	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   196		165	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0	1		
		1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Νo
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	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		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
u	11 Fes, indicate the number of Forms 8282 filed during the year	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		Νo
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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		Νo
b	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			
c	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ĺ	Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Section A. Governing Body and Management

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

			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	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			1
а	The governing body?	8a	Yes	
b	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	Yes	
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### **Section C. Disclosure**

- 17 List the States with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►RICK EHRET BLDG 300 B ST FORBES FLD TOPEKA, KS (785) 357-7222

## 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>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	Institutional Trustee Individual trustee or director or director		Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations				
(1) JOHN WALSH	10 00	х						0	0	C	
Director	0 00	_ ^						0	0	C	
(2) Dick Patullo	10 00	х						0	0	C	
Director	0 00				_						
(3) JERRY WANNARKA	10 00	×		х				0	0	C	
Chairman (4) LISA NOBLE	10 00	-									
		×		х				0	0	C	
Vice Chairman (5) PHILIP CREIGHTON	0 00										
		х						0	0	C	
Director (6) Todd Butler	10 00										
		х		Х				0	0	C	
Secretary (7) Bill Kephart	0 00										
		х						0	0	C	
Director (8) R David Jones	10 00										
		х						0	0	C	
Director (9) Steve Harris	0 00										
		х						0	0	C	
Director (10) MICHAEL LEWIS	0 00										
	10 00	X		х				0	0	C	
Treasurer (11) Brian McCarthy	5 00										
	10 00	x						0	0	C	
Director (12) BOB LYBARGER	0 00	-			-	-					
	10 00	х						0	0	C	
Director (13) ROBIN LANGLOTZ	0 00										
	10 00	x						0	0	C	
Director (14) JEFF DAHNERT	0 00				-						
	40 00			х				225,698	0	22,856	
President & CEO	0 00										
(15) TERRY OZMENT	40 00					×		111,784	0	C	
VP CLUB RACING (16) HOWARD DUNCAN	0 00				_						
	40 00					x		115,100	0	9,443	
VP RALLY/SOLO	0 00										
(17) COLAN ARNOLD	40 00					x		115,325	0	5,093	
VP MEMBER SVCS	0 00				1	1	1				

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 and	than on is	one bot rect	note boo	oox, unless compensation compensation from relative from the compensation organization organization (W-2/1000)		Reportable compensation from related organizations	Est amour comp fro	(F) mated t of other ensation m 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)	and	nization related izations
(18)	ERIC PRILL	40 00					x		107,517		0	13,583
	ARKETING	0 00							,			
` '	Richard Ehret nance	30 00 10 00					х		106,691		0	9,442
											+	
											+	
1b	Sub-Total			•	<u>.                                    </u>	<u> </u>	<u></u> ►	<u> </u>				
С	Total from continuation sheets to Part	VII, Section A					►					
d	Total (add lines 1b and 1c)						▶		782,115			60,417
2	Total number of individuals (including be \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more than			
3	Did the organization list any <b>former</b> offi on line 1a? <i>If</i> "Yes," complete Schedule 3				y em	nplo	yee, o	r hıç	ghest compensate		Yes	
4	For any individual listed on line 1a, is torganization and related organizations individual	he sum of report	table c	ompe						om the	3 V	No
5	Did any person listed on line 1a receive services rendered to the organization?									dividual for	4 Yes	No
											•	
1	Complete this table for your five highes compensation from the organization Re	t compensated										ar.
		(A) ousiness address	1011 101	the	care	illua	i yeai	enc		(B) on of services		(C) ensation
	Total number of independent contractors	(including but i	not lım	ıted 1	o th	nose	listed	dab	love) who received	more than		

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Part V	/++1	Statement of Revenue	onee to any quarties	n thic Dart VIII			
		Check if Schedule O contains a response	onse to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
, un	1a	Federated campaigns 1	a				
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues 1	b				
Gra mo	c	Fundraising events 1	c				
ffs, r A	d	Related organizations 1	d 10,000				
, Gř nila	e	Government grants (contributions)					
ons, Sin		_					
utic Jer	f	All other contributions, gifts, grants, and similar amounts not included above	r				
급	g	Noncash contributions included in lines 1a-1f \$					
Con and	h	Total. Add lines 1a-1f		10,000			
			Business Code				
enu (	2a	Sponsorships		862,175	651,643	210,532	
Rex	ь	Sanction Fees		740,574	740,574		
931	С	Membership Dues & Assessments		1,975,328	1,975,328		
Serv	d	Insurance Premium Recpts		1,310,820	1,310,820		
E C	e	Entry Fees		919,457	919,457		
Program Serwde Revenue	f	All other program service revenue		843,720	843,720		
Δ	g	Total. Add lines 2a-2f		6,652,074			
	3	Investment income (including divide and other similar amounts)		125,129			125,12
	4	Income from investment of tax-exempt bone	F	0			
	5	Royalties	🔸	0			
		(ı) Real	(II) Personal				
	6a b	Gross rents Less rental					
	-	expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	(1) Securities Gross amount	(II) Other				
		from sales of 2,024,772 assets other					
	ь	than inventory Less cost or	+				
		other basis and 1,937,671 sales expenses					
	c	Gain or (loss) 87,101					
	d	Net gain or (loss)		87,101			87,10
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)					
r Rev		See Part IV, line 18	a				
the	ь	Less direct expenses I	ь				
٥	С	Net income or (loss) from fundraising		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	ь		<b>b</b>				
	С	Net income or (loss) from gaming ac	tivities	0			
	10a	Gross sales of inventory, less returns and allowances .					
	.	a	82,650				
	l	Less cost of goods sold <b>b</b> Net income or (loss) from sales of in	43,045 ventorv <b>.</b>	39,605	39,605		
	Ť	Miscellaneous Revenue	Business Code	,	,		
	11a	License Royalties	†	39,146			39,14
	ь						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		39,146			
	12	<b>Total revenue.</b> See Instructions .		6,953,055	6,481,147	210,532	251,37

	770 (2012)				Page 1
	Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ions must somn	loto column (A.)	
ecui					
<u> </u>	Check if Schedule O contains a response to any question in this Pa		(B)	(c)	 (D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	248,554		248,554	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	1,668,355	688,368	979,987	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	310,442	114,334	196,108	
LO	Payroll taxes	144,809	46,270	98,539	
.1	Fees for services (non-employees)				
а	Management	0			
b	Legal	21,681		21,681	
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	40,409		40,409	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	182,125	23,000	159,125	
.2	Advertising and promotion	167,746	167,746	133,123	
3	Office expenses	544,108	155,587	388,521	
4	Information technology	112,431	133,307	112,431	
5	Royalties	0		112,431	
6	Occupancy	82,699		82,699	
7	Travel	148,373	104,194	44,179	
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials	140,373	104,194	44,179	
9	Conferences, conventions, and meetings	50,886	50,886		
0	Interest	40,794	22,230	40,794	
1	Payments to affiliates	0		,	
- 2	Depreciation, depletion, and amortization	204,082	48,247	155,835	
3	Insurance	1,201,442		97,640	
4	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	other expense	38,426	-52	38,478	
b	Officers', Committees' expense	215,372	99,637	115,735	
С	Sports Car publication	466,491	466,491		
d	Race Organization Activities	948,664	931,786	16,878	
e	All other expenses	39,927	-24,512	64,439	
25	Total functional expenses. Add lines 1 through 24e	6,877,816	3,975,784	2,902,032	
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

	τX	Check if Schedule O contains a response to any question in this	Part X				
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		ı v	69,750		145,188
	2	Savings and temporary cash investments			568,791	2	350,452
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net			325,746	4	296,458
	5	Loans and other receivables from current and former officers, d employees, and highest compensated employees Complete Paschedule L	rectors	, trustees, key	020,111	-	
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and cand sponsoring organizations of section $501(c)(9)$ voluntary errorganizations (see instructions) Complete Part II of Schedule I	tıng employers		6	0	
Š	7	Notes and loans receivable, net			1,058,400	7	1,039,840
AS.	8	Inventories for sale or use			1,030,400	8	1,000,040
	_				114,543		161,823
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete		9	101,023		
	١.	Part VI of Schedule D	10a	3,662,461			4 224 670
	b	Less accumulated depreciation	10b	2,330,782	<del>                                     </del>		1,331,679
	11	Investments—publicly traded securities		3,043,431	11	3,407,691	
	12	Investments—other securities See Part IV, line 11				12	0
	13	Investments—program-related See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			-582,668	15	-602,534
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			6,061,931	16	6,130,597
	17	Accounts payable and accrued expenses		•	286,384	17	215,818
	18	Grants payable				18	
	19	Deferred revenue			884,366	19	927,896
	20	Tax-exempt bond liabilities		•		20	
Ø.	21	Escrow or custodial account liability Complete Part IV of Sche	dule D			21	
Liabilitie	22	Loans and other payables to current and former officers, directors, employees, highest compensated employees, and disqualif	•	stees,			
æ		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s .	•	1,191,055	23	1,096,808
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pa	rt X of S	chedule			_
		D			466,478	25	358,051
	26	<b>Total liabilities.</b> Add lines 17 through 25			2,828,283	26	2,598,573
s es		Organizations that follow SFAS 117 (ASC 958), check here ►   lines 27 through 29, and lines 33 and 34.	✓ and c	omplete			
ä	27	Unrestricted net assets			3,233,648	27	3,532,024
_ တ	28	Temporarily restricted net assets		•		28	
Ξ	29	Permanently restricted net assets				29	
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he	ere ► [	and			_
<u>.</u>		complete lines 30 through 34.	·				
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Net	33	Total net assets or fund balances			3,233,648	33	3,532,024
~	34	Total liabilities and net assets/fund balances			6,061,931	34	6,130,597

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	<u> </u>	•		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,9	953,055
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,8	377,816
3	Revenue less expenses Subtract line 2 from line 1	3			75,239
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,2	233,648
5	Net unrealized gains (losses) on investments	5		2	229,629
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			-6,492
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3,5	532,024
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				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 reviewed a separate basis, consolidated basis, or both	ed on			
	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 separa basis, consolidated basis, or both	te			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight caudit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the rec	juired	3b		

Name of organization SPORTS CAR CLUB OF AMERICA INC

Employer identification number

06-0679726

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed	1 00 0	3073720
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	SPORTS CAR CLUB OF AMERICA FOUNDATI PO BOX 19400  TOPEKA, KS 66619	\$10,000	Person Payroll Noncash  (Complete Part II if there is
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	a noncash contribution )  (d)  Type of contribution
	Name, address, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution )

DLN: 93493196001043

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Supplemental Financial Statements** 

Open to Public Inspection

	me of the organization RTS CAR CLUB OF AMERICA INC		Emp	oloyer identification number
SPC	RTS CAR CLUB OF AMERICA INC		06-	0679726
Pa	rt I Organizations Maintaining Donor Adv	vised Funds or Other Similar F	unds	or Accounts. Complete if the
	organization answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds	1	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised failes		(b) I unds and other accounts
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year		+	
5	Did the organization inform all donors and donor advise funds are the organization's property, subject to the or		nor adv	ısed <b>Yes No</b>
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneconferring impermissible private benefit?	onor advisors in writing that grant funds		· · ·
Pai	rt III Conservation Easements. Complete if	the organization answered "Yes" t	to Forn	n 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)  Preservation of ar Preservation of a	certifie	d historic structure
	easement on the last day of the tax year			
_	Total number of conservation easements			Held at the End of the Year
a	Total acreage restricted by conservation easements		2a 2b	
b c	Number of conservation easements on a certified histo	oric structure included in (a)	2D 2c	
d	Number of conservation easements included in (c) acc	, ,		
u	historic structure listed in the National Register	quired dicer 0/1//00, and not on a	2d	
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	ed by th	ne organization during
	the tax year 🛌			
4	Number of states where property subject to conservat	on easement is located ▶		
5	Does the organization have a written policy regarding		—— dlına ot	f violations, and
	enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspe			☐ Yes ☐ No
6	•	eting, and emoreing conservation ease.	illelles (	daring the year
7	A mount of expenses incurred in monitoring, inspecting  • \$	g, and enforcing conservation easement	s durın	g the year
8	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia		
Par	Complete if the organization answered "Y		or Ot	her Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or rese	earch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ts held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$

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

Part	IIII Organizations Maintaining Co	llections of Art,	Hist	tori	<u>cal Tre</u>	asu	res, or O	<u>the</u>	r Simila	r Asse	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	s, che	ecka	any of the	e follo	owing that a	re a	sıgnıfıcan	t use of	its	
а	Public exhibition		d	Γ	Loan or	excl	nange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explain	how	they	/ further	the o	rganızatıon	's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	Y" t	es" to Fo	rm 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other intermed	ıary	for c	ontributio	ons c	or other ass	ets r	iot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	II and complete the fo	ollow	ing t	able		_					
_										Amou	int	
c C	Beginning balance						-	1c				
d	Additions during the year						<b>-</b>	1d				
e f	Distributions during the year						H	1e 1f				
	Ending balance	000 Dawt V I.m.	242				L	<u> </u>			Yes	
2a L	Did the organization include an amount on Fo											, NO
b	If "Yes," explain the arrangement in Part XII											'
Par	<b>Endowment Funds.</b> Complete	(a)Current year		were Prior y			- <u>orm 990,</u> wo years back				)Four ve	ears back
1a	Beginning of year balance	(a)carrent year	(2)	, ,,,,	, ca.   E	(0)	ro years back	(4)	Thee years	Jack (C	<i>j</i> . ou. , c	Jaio Back
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 cur	rent year end balance	(line	e 1g,	column	(a)) ł	neld as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ►											
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posses	ssion of the organizat	ion t	hat a	are held a	and a	dmınıstered	for	the			
	organization by									2-(1)	Yes	No
	(i) unrelated organizations		• •	•	• •	• •		•		3a(i) 3a(ii)		
b	(ii) related organizations If "Yes" to 3a(ii), are the related organizatio			 ched	ule R?			٠. ٠		3b		
4	Describe in Part XIII the intended uses of the							-				
Par	t VI Land, Buildings, and Equipme					).						
	Description of property			(a)	Cost or ot s (investm	ther	( <b>b)</b> Cost or or basis (other		(c) Accum deprecia		<b>(d)</b> Bo	ok value
<b>1</b> a L	and											
b E	Buildings						1,378	,086		347,392	-	1,030,694
<b>c</b> L	easehold improvements											
d E	Equipment											
							2,284	,375	1,9	983,390		300,985
Fatal	Add lines 12 through 10 (Column (d) must e	aual Form 000 Part V	colur	mn/I	2) line 10	2/611				<u>.                                    </u>		1 221 670

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 12	•
(a) Description of security or category	( <b>b)</b> Book value	(c) Method of valuation
(including name of security)		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	See Form 990 Part X line 1	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	<del> </del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>*</b>	
	line 15.	
Part IX Other Assets. See Form 990, Part X,		
Part IX Other Assets. See Form 990, Part X, (a) Desc		(b) Book value
		(b) Book value
(a) Desc	cription	
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  1 (a) Description of liability  Federal income taxes  Other	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes	15.)	

j Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per Retur	<u>n</u>
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII )	
e	Add lines <b>2a</b> through <b>2d</b>	
3	Subtract line <b>2e</b> from line <b>1</b>	
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	
b	Other (Describe in Part XIII )	
C	Add lines <b>4a</b> and <b>4b</b>	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited financial statements	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII )	
e	Add lines 2a through 2d	
3	Subtract line <b>2e</b> from line <b>1</b>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII )	
C	Add lines <b>4a</b> and <b>4b</b>	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part	t XIII Supplemental Information	
Com	nplete 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

DLN: 93493196001043

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

**Compensation Information** 

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization SPORTS CAR CLUB OF AMERICA INC **Employer identification number** 

06-0679726

Pa	Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provi					
	990, Part VII, Section A, line 1a Complete Part III to First-class or charter travel	o prov	Housing allowance or residence for personal use			
	Travel for companions	<u>'</u>	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	,  -	Health or social club dues or initiation fees			
	Discretionary spending account	, T	Personal services (e g , maid, chauffeur, chef)			
	, , ,	,	, , , , , , , , , , , , , , , , , , , ,			
b	If any of the boxes in line 1a are checked, did the orga	nızatı	ion follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses des	cribed	d above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to rei					
	directors, trustees, and the CEO/Executive Director,	regard	ding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that					
	used by a related organization to establish compensat					
	▼ Compensation committee	Г	Written employment contract			
	Independent compensation consultant	Γ	Compensation survey or study			
	Form 990 of other organizations	Γ	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VII	I, Section A, line 1a with respect to the filing organization			
_			.+2	4-		N o
a b	Receive a severance payment or change-of-control participate in, or receive payment from, a supplement			4a 4b		No No
				4c		No
С	Participate in, or receive payment from, an equity-bas If "Yes" to any of lines 4a-c, list the persons and prov			40		INO
	The to any or miles fare, not the persons and provi	140 (1	to approad a mounts for each real min are 111			
	Only 501(c)(3) and 501(c)(4) organizations only must	comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, li	ne 1a	, did the organization pay or accrue any			
	compensation contingent on the revenues of					
а	The organization?			5a		Νo
b	,			5b		Νo
_	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any			
_						N o
a	The organization?  Any related organization?			6a 6b		No No
Ь	If "Yes," to line 6a or 6b, describe in Part III			JD		INU
7	For persons listed in Form 990, Part VII, Section A, li	ne 1 -	did the organization provide any non-fixed			
•	payments not described in lines 5 and 6? If "Yes," de			7		Νo
8	Were any amounts reported in Form 990, Part VII, pa					
	subject to the initial contract exception described in F					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the r	ebutt	able presumption procedure described in Regulations	_		
	section 53 4958-6(c)?			9	1	Νo

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred benefits compensation		(B)(ı)-(D)	reported as deferred in prior Form 990
(1)JEFF DAHNERT President & CEO	(i) (ii)	197,198	28,500		8,682	14,174	248,554	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization SPORTS CAR CLUB OF AMERICA INC **Employer identification number** 

06-0679726

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Decreases	Subsidiary Earnings = -\$8576
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Subsidiary Earnings = \$2084
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	GOVERNING DOCUMENTS ARE PUBLISHED ON THE ORGANIZATION'S WEBSITE. AUDITED FINANCIAL STATEMENTS ARE PUBLISHED IN THE LATE SPRING OR SUMMER ISSUE OF SPORTS CAR MAGAZINE.
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	THE COMPENSATION COMMITTEE OF THE ORGANIZATION REVIEWED THE PROCESS BY WHICH SALARIES OF THE SENIOR STAFF ARE DETERMINED THIS PROCESS INCLUDES USING DATA FROM A PRIVATE STUDY DONE BY CREATIVE BUSINESS SOLUTIONS OF TOPEKA, KS, INFORMATION FROM GUIDESTAR ORG AND IRS COST OF LIVING TABLES
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	THE BOARD OF DIRECTORS COMMUNICATE WITH EACH OTHER AT LEAST MONTHLY AND THE VARIOUS DEPARTMENTS MEET WEEKLY DISCUSSIONS INCLUDE MONITORING AND ENFORCING THE POLICY
Form 990, Part VI, Line 11b	Form 990, Part VI, Line 11b Form 990 Review Process	THE SECOND QUARTER BOARD OF DIRECTORS MEETING IS PRIMARILY DEVOTED TO REVIEWING THE AUDIT OF THE FINANCIAL STATEMENTS AND THE FORM 990 THE INDEPENDENT AUDITING/TAX FIRM MEETS WITH THE BOARD OF DIRECTORS TO DISCUSS MUTUAL CONCERNS
Form 990, Part VI, Line 9	Form 990, Part VI, Line 9 Officer, Director, Trustee, Key Employee Mailing Address	RJ GORDY, 395 SUNNYSLOPES DR, MARTINEZ, CA 94553JOHN SHERIDAN, 1128 LEESOME LN, ALTAMONT, NY 12009PHILIP CREIGHTON, 3109 TROTTERS PKWY, ALPHARETTA, GA 30004BOB LYBARGER, 4929 ABBINGTON DR, MCHENRY, IL 60050LISA NOBLE, 1723 FAIRLANE, MANHATTAN, KS 66502JERRY WANNARKA, 3284 DANMARK DR, GLENWOOD, MD 21738ROBIN LANGLOTZ, 3116 INDIAN DR, ORLANDO, FL 32812MICHAEL LEWIS, 18781 HERITAGE DR, POWAY, CA 92064MARCUS MERIDETH, 33707 GLEN ST, WESTLAND, MI 48186R DAVID JONES, 600 W 6TH ST STE 300, FT WORTH, TX 76102BILL KEPHART, 4735 CENTENNIAL BLVD, COLORADO SPRINGS, CO 97148DICK PATULLO, 370 CHAPIN ROAD, HAMPDEN, MA 01036TODD BUTLER, PO BOX 607, YAMHILL, OR 97148
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	MEMBERS ARE PRIVATE CITIZENS, BOTH US AND FOREIGN, WHO HAVE AN AFFINITY FOR AUTOMOTIVE SPORTS AND RACING

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

Name of the organization

SPORTS CAR CLUB OF AMERICA INC

DLN: 93493196001043

# SCHEDULE R (Form 990) Related Organizations and Unrelated Partnerships

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

2012

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

06-0679726

Department of the Treasury
Internal Revenue Service

Attach to Form 990. See separate instructions.

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	D	<b>(f)</b> Direct controlling entity		
art II Identification of Related Tax-Exempt Organor more related tax-exempt organizations during	nizations (Complete i i the tax year.)	the organization a	nswered "Yes" 1	to Form 990, F	Part IV,	line 34 because it	had o	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	on Public charity (if section 501	status (c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	<b>g)</b> n 512( ontrolle tity?
							Yes	No
) SPORTS CAR CLUB OF AMERICA FOUNDATION	EDUCATION	KS	501(C)(3)	13 - II			Yes	
BOX 19400						N/A		
PEKA, KS 66619 -2442065								$oxed{oxed}$
or Paperwork Reduction Act Notice, see the Instructions for Form 9						Schedule R (Forn	222) 2	

<b>(a)</b> Name, address, and EIN related organization	of	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)		(g) Share of ne end-of-year assets		ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	<b>(k)</b> Percentage ownership
					314)			Yes	No		Yes	No	
Part IV Identification of Related O line 34 because it had one or								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) Legal domicile (state or fo country	reign	Direct	ntity (C co	(e) e of entity erp, S corp, r trust)	(f) Share of total Income	Share	(g) of end-o year assets	of- Percent owners	tage	c	(i) ection 512 (b)(13) ontrolled entity?
		,	,									Y	es No
(1) SCCA PRO RACING LIMITED	AUTO RACING			N/A	C		135,767		152,61	100 00	0 %	Y	es
Building 300 B Street Forbes Fld TOPEKA, KS 66619 84-1220726		KS											
(2) SCCA ENTERPRISES INC	AUTO KITS & PARTS			N/A	С		-96,136		683,57	74 100 00	0 %	Y	es
14550 E Easter Ave Ste 400 Centennial, CO 80112 84-1040594		СО											

(3) SCCA ENTERPRISES INC

(4) SPORTS CAR CLUB OF AMERICA FOUNDATION

(5) SPORTS CAR CLUB OF AMERICA FOUNDATION

Part V	Transactions With Related Organizations (Complete if the organization and	swered "Yes" to Forn	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					Yes	No
<b>1</b> During th	e tax year, did the orgranization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
<b>a</b> Recei	ot of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	Yes	
<b>b</b> Gıft, g	rant, or capital contribution to related organization(s)				1b		No
<b>c</b> Gıft, g	rant, or capital contribution from related organization(s)				1c	Yes	
<b>d</b> Loans	or loan guarantees to or for related organization(s)				1d		No
<b>e</b> Loans	or loan guarantees by related organization(s)				1e		No
<b>f</b> Divide	nds from related organization(s)				<b>1</b> f		No
<b>g</b> Sale o	fassets to related organization(s)				<b>1</b> g		No
<b>h</b> Purch	ase of assets from related organization(s)				1h		No
i Excha	nge of assets with related organization(s)				<b>1</b> i		No
<b>j</b> Lease	of facilities, equipment, or other assets to related organization(s)				1j		No
h 1000					1k		No
	of facilities, equipment, or other assets from related organization(s)				11		No
	nance of services or membership or fundraising solicitations for related organization(s)				$\vdash$		No
	nance of services or membership or fundraising solicitations by related organization(s)				1m		
	g of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
<b>o</b> Sharir	g of paid employees with related organization(s)				10		No
<b>p</b> Reimb	ursement paid to related organization(s) for expenses				1p		No
<b>q</b> Reimb	ursement paid by related organization(s) for expenses				1q	Yes	
<b>r</b> Other	transfer of cash or property to related organization(s)				1r		No
	transfer of cash or property from related organization(s)				1s		No
<b>S</b> Other	transfer of Cash of property from related organization(s)						
2 If the	answer to any of the above is "Yes," see the instructions for information on who must complet	e this line, including co	overed relationships	and transaction thresholds			
	(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount II	nvolved	
(1) SCCA PRO	RACING LIMITED	q	41,000	CASH			
(2) SCCA PRO	RACING LIMITED	a	25,305	CASH			

10,825 CASH

10,000 CASH

434 CASH

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)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		_	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</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)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												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:** 12000229

**Software Version:** 2012v2.0

**EIN:** 06-0679726

Name: SPORTS CAR CLUB OF AMERICA INC

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