

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### **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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service	► The organization may have to use a copy of this return to satisfy state report	•	Open to Public Inspection
A For the 2012 caler	dar year, or tax year beginning , 2012, and endin		
B Check if applicable	C Name of organization NORD STERN REGION OF PORSCHE CLUB OF A	MERICA D Employer	dentification Number
Address change	Doing Business As		27550
Name change	Number and street (or P O box if mail is not delivered to street addr)  Room/s		
Initial return	6767 MARSH RIDGE COURT	(952)	975-5931
Terminated	City, town or country  State ZIP code + 4		3.0 0301
Amended return	EDEN PRAIRIE MN 55346-	-2612 <b>G</b> Gross rece	pts \$ 199,506.
Amended return Application pending		H(a) is this a group return fo	
Application periality	JEFFERY BLUHM 6767 MARSH RIDGE CT EDEN PRAIRIE MN 55346	H(b) Are all affiliates include if 'No,' attach a list (se	
Tax-exempt status	501(c)(3) X 501(c) (7 ) (insert no ) 4947(a)(1) or 527	if 'No,' attach a list (se	e instructions)
Tax-exempt status  J Website: ► N  Form of organization		H(c) Group exemption numb	er ►
K Form of organization	X Corporation Trust Association Other L Year of Formal	'	e of legal domicile MN
Part I Summa	<del></del>		1111
		MPROVEMENT ANI	) SAFE
PARTICI	PATION AT CLUB TRACK EVENTS.		
2 Check this b 3 Number of in 5 Total numbe 6 Total numbe 7a Total unrelat			
2 Check this b	ox   If the organization discontinued its operations or disposed of more	e than 25% of its net a	assets
3 Number of v	oting members of the governing body (Part VI, line 1a)	<u></u>	3
4 Number of in	dependent voting members of the governing body (Part VI, line 1b)	<u> </u>	4
5 Total numbe	r of individuals employed in calendar year 2011 (Part V, line 2a) r of volunteers (estimate if necessary)		5
7a Total unrelat	ed business revenue from Part VIII, column (C), line 12	<u> </u>	
-	business taxable income from Form 990-T, line 34	ļ	7a 18,500
	The state of the s	Prior Year	Current Year
8 Contributions	s and grants (Part VIII, line 1h)	9,325	
Ψ	vice revenue (Part VIII, line 2g)	207,173	
10 Investment	ncome (Part VIII, column (A), lines 3, 4, and 7d)	35	
🖺   11 Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,911
12 Total revenu	e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	216,533	
13 Grants and s	imilar amounts paid (Part IX, column (A), lines 1-3)		230,300
14 Benefits paid	to or for members (Part IX, column (A), line 4)		
15 Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)		
% 16a Professional	fundraising fees (Part IX, column (A), line 11e)		
<b>法</b>	sing expenses (Part IX, column (D), line 25) ►		
D Total luliular			
17 Other expens	ses (Part IX, column (A) times 1 fa-11d-11f-24e)	188,861	
	es Add lines 13-17 (must doubt Partity Jolumn (A), line 25)	188,861	
	s expenses Subtract line 18 from line 12	27,672	
and	(Part X, line 16) AUG 1 9 2013	Beginning of Current Ye	
	(Part X, line 16) AUG 1 9 2013	80,017	7. 111,581
Zi Total llabilitie			
_   ZZ Net assets o	fund balances Subrab Great Nm tipe 20	80,017	7. 111,581
	re Block		
Under penalties of perjury, I o	eclare that I have examined this return, including accompanying schedules and statements, and to the transfer has any knowledge	the best of my knowledge and	d belief, it is true, correct, and
complete Declaration of pres	The transfer of the property file and the care		110
complete Declaration of bra-			7112
	used officer	Date 8 L	4113
Sign	ure of officer	Date	413
Sign JEF	FERY BLUHM	Date	413
Sign Here JEF	FERY BLUHM  r print name and title		I PTIN
Sign Here JEF Type o	FERY BLUHM r print name and title preparer's name  Preparer's signalace  Date	Check X if	
Sign Here  JEF Type o  Print/Type  JAMES	FERY BLUHM  r print name and title  preparer's name  Preparer's signalage  Date  LO 2 i		PTIN P01259581
Print/Type of Print/Type Paid JAMES Preparer Firm's nam	FERY BLUHM r print name and title preparer's name  J. BOCK CPA  e JAMES J. BOCK CPA	Check X if self-employed	P01259581
Sign Here  JEF Type o  Print/Type  JAMES	FERY BLUHM r print name and title preparer's name  J. BOCK CPA  e JAMES J. BOCK CPA ess 1425 COON RAPIDS BLVD., #102	Check X if self-employed	
Sign Here  JEF Type o  Print/Type  JAMES Preparer Use Only	FERY BLUHM r print name and title preparer's name  J. BOCK CPA  e JAMES J. BOCK CPA	Check X if self-employed	P01259581

		OF PORSCHE CLUB OF AMERICA	41-1827550 Page <b>2</b>
Par	'	•	
		esponse to any question in this Part III	
1	Briefly describe the organization's mission	on	
	DRIVER IMPROVEMENT AND SA	AFE	
	PARTICIPATION AT CLUB TRA	ACK EVENTS.	
2	Did the organization undertake any signif	ficant program services during the year which were not listed of	on the prior
	Form 990 or 990-EZ?		Yes X No
	If 'Yes,' describe these new services on S	Schedule O	
3	Did the organization cease conducting, o	r make significant changes in how it conducts, any program si	ervices? Yes X No
	If 'Yes,' describe these changes on Sche		
4	Describe the organization's program services Section 501(c)(3) and 501(c)(4) organization	vice accomplishments for each of its three largest program ser titions and section 4947(a)(1) trusts are required to report the	vices, as measured by expenses
	others, the total expenses, and revenue,	if any, for each program service reported	amount of grants and anocations to
<b>4</b> a	(Code ) (Expenses \$	including grants of \$	) (Revenue \$
		ACK AND INSTRUCTION FOR PURPOSE OF	
	PROMOTING SAFE HIGH SPEE		
	<b>200020</b> 2222222222		
4 t	(Code) (Expenses \$	including grants of \$	) (Revenue \$ )
4 c	(Code) (Expenses \$	including grants of \$)	) (Revenue \$
			<del></del>
			·
4 d	Other program services (Describe in Sch	nedule O)	
	(Expenses \$	including grants of \$ ) (Revenue	\$
4 e	Total program service expenses ▶		
BAA	· · · · · · · · · · · · · · · · · · ·	TEEA0102 08/08/12	Form <b>990</b> (2012)

			162	INO
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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
I	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		х
	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	11 c		Х
•	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	11 d		Х
(	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
ı	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		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
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		х
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		Х
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		х
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		х
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		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
t	of If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

# Form 990 (2012) NORD STERN REGION OF PORSCHE CLUB OF AMERICA Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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		Х
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		х
24 8	a 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, and 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		х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
25 a	a 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		
ı	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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		Х
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		Х
	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)			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
1	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
29	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  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
30				
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	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		Х
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
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	х	
BAA		Form	990 (	2012)

# Form 990 (2012) NORD STERN REGION OF PORSCHE CLUB OF AMERICA Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

	Check it Schedule O contains a response to any question in this Part V			
			Yes	No
	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable [1b]	-[		
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2 2	a 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  2 a			
ŧ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	
t	o If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	X	
4 8	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)?	<b>4</b> a		х
ŀ	o If 'Yes,' enter the name of the foreign country	1		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
ŀ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	a 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?	6 a		Х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	a 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?	7 a		х
ı	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
•	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
Ġ	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
ā	a Did the organization make any taxable distributions under section 4966?	9 a		
ı	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12	_		
ı	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  0	_[		
	Section 501(c)(12) organizations. Enter			
	a 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 )			
	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1.		
•	a Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O			
	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  13b	-		
	c Enter the amount of reserves on hand	1.		X
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		_^_
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 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 Х 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 7 a 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? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 h Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Х 8 a **b** Each committee with authority to act on behalf of the governing body? 8ь Х Is there any officer, director or 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х 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? 10 h 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Χ b 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 Х 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done Х 12 c 13 Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 Х 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? a The organization's CEO, Executive Director, or top management official 15 a **b** Other officers of key employees of the organization 15b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16<sub>b</sub> Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Minnesota Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply Other (explain in Schedule O) Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes 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 EDEN PRAIRIE 6767 MARSH RIDGE CT ΜN

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

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

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

- 1 a 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, and 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

				(C	3)		T				
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other	
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) KIM FRITZE	1.00				•					<del></del>	
DIRECTOR		X					Į	0.	0.	0.	
(2) BRET BAILY	1.00										
DIRECTOR		х						0.	0.	0.	
(3) MICHAEL JOHN SECRETARY	3.00			х				0.	0.	0.	
(4) JEFFERY BLUHM	3.00										
TREASURER				х				0.	0.	0.	
(5) ROBERT BARKER DIRECTOR	1.00	Х						0.	0.	0.	
(6) JIM BAHNER PRESIDENT	3.00			х				0.	0.	0.	
(7) RON JOHNSON VICE PRESIDENT	3.00			Х				0.	0.	0.	
_(8)											
(9)											
(10)											
(11)											
(12)											
(13)										<del> </del>	
(14)											

Part VII Section A. Officers, Directors, Trus		Key	Em			es, a	and	d Highest Com	pensated Emp	loyees	(coi	nt)
(A) Name and title	Average hours per week	Average hours per officer and a director/truster					tee)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other		her
	(list any	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr orga and	pensation the inization the inization of	1
(15)											··	
(16)												
(17)		-										
(18)												
(19)												<del></del>
(20)												
(21)							-					
(22)												
(23)												
(24)												
(25)												
1 b Sub-total c Total from continuation sheets to Part VII, Section							<b>&gt;</b>	0.	0.			0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limite from the organization ▶		se lis	ted	abov	ve) v	who r	rece	0. erved more than \$	0. 100,000 of reportab	le comp	ensatı	0. on
non the organization											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it			еу є	empl	oye	e, or	hig	hest compensated	ł employee	3		Х
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater such individual									om	4		х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'									ndıvıdual	5		Х
Section B. Independent Contractors  1 Complete this table for your five highest compensa												
compensation from the organization Report compensation from the organization Report compensation (A)  Name and business addre		for th	ne ca	alen	dar	year	enc	(B) Description		<u> </u>	C) nsatio	 on
		······································										
2 Total number of independent contractors (including \$100,000 in compensation from the organization		limite	ed to	tho	se l	ısted	ab	ove) who received	more than		<del>_</del> -	
RAA		TEF AC	1108	01/2	4/13					Form	oon /	(2012)

		II Statement of Re	venue			CLOB OF AMERI	.CA	41-102/330	- rage
		Check if Schedule O	contains a	respo	onse 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
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a a b c c d e e f g h	TWOOTHWI TEEPT -	grants, and above ed in Ins 1a-1f		11,085.  Business Code 711210 711210	11,085. 18,506. 166,965.	0. 166,965.	18,506. 0.	0.
PROGRAM SE	d e f g 3	All other program serving Total. Add lines 2a-2f Investment income (incother similar amounts) Income from investment	luding divid		•	185,471.	98.	0.	0.
	b d 7 a	Royalties  Gross rents Less rental expenses Rental income or (loss) Net rental income or (lo Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Rea		(ii) Personal				
OTHER REVENUE	d 8 a b	Gain or (loss)  Net gain or (loss)  Gross income from fund (not including \$ of contributions reporte  See Part IV, line 18  Less direct expenses  Net income or (loss) from	d on line 1d	;) a					
	b	Gross income from gan See Part IV, line 19 Less direct expenses Net income or (loss) from Gross sales of inventory and allowances	om gaming	activii rns	ties •			,	
		Less cost of goods solice. Net income or (loss) from Miscellaneous Rever	m sales of	ŀ	2,852. 941. httory Business Code	1,911.	1,911.	0.	0.
	c	I All other revenue	 		<b>•</b>				

12 Total revenue. See instructions

18,506.

168,974

# Form 990 (2012) NORD STERN REGION OF PORSCHE CLUB OF AMERICA Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organizations must complete column (A)
---	--

	Check it Schedule O contains a re		in this Part IX		
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	<b>(A)</b> Total expenses	( <b>B)</b> Program service expenses	(C) 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		30,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22			-	
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				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	475.		475.	
	Lobbying				
	Professional fundraising services See Part IV, line 17	<del></del>			
g	Investment management fees Other (If line 11g amt exceeds 10% of line 25, col umn (A) amt, list line 11g expenses on Sch 0) Advertising and promotion				
13	Office expenses				
14	Information technology	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		<del></del>
15	Royalties		<del>- · · · · · · · · · · · · · · · · · · ·</del>		<del></del>
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 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)	4,950.		4,950.	
а	PRINTING AND MAILING	16,638.	16,638.		
	TRACK_RENTAL	96,402.	96,402.		
	TRAVEL	1,098.	1,098.		
	SECURITY	1,395.	1,395.		
	All other expenses	46,043.	40,657.	5,386.	
25	Total functional expenses Add lines 1 through 24e	167,001.	156,190.	10,811.	
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

		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	26,779.	1	46,669
2	Savings and temporary cash investments	53,439.	2	65,113
3	Pledges and grants receivable, net		3	30,110
4		-318.	4	-318
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.	310.	5	<u> </u>
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		7	
8	Inventories for sale or use	117.	8	117
9	Prepaid expenses and deferred charges		9	
10	Complete Part VI of Schedule D			
	b Less accumulated depreciation 10b		10 c	
11	<del></del>		11	
12	Investments – other securities See Part IV, line 11		12	
13			13	<del></del>
14			14	
15			15	
16	·	00 017	16	111 50
17		80,017.	17	111,581
18			18	<del></del>
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	· · · · · · · · · · · · · · · · · · ·		22	
22			23	
24				<del></del>
25	· · · · · · · · · · · · · · · · · · ·		24	
23	and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
26		0.	26	
	Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete			
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
27 28 29	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
<u> </u>	Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
			31	<del></del>
32	- · · · · · · · · · · · · · · · · · · ·	90 017	32	111 501
31 32 33 34		80,017.	33	111,581
34	_	80,017.	34	111,581
AA		80,017.	<del></del>	111,581 Form <b>990</b> (201

-om 950 (2012) NORD STERN REGION OF PORSCHE CLUB OF AMERICA	41-182/550		Pa	ige i∠
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI			_	
1 Total revenue (must equal Part VIII, column (A), line 12)	1	1	98,5	65.
2 Total expenses (must equal Part IX, column (A), line 25)	2			001.
3 Revenue less expenses Subtract line 2 from line 1	3			64.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			)17.
5 Net unrealized gains (losses) on investments	5			
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			
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1	- 11,5	81.
Part XII Financial Statements and Reporting	,,			
Check if Schedule O contains a response to any question in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both	ewed on a			
Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?		2ь		Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	parate			
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 review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3 a		х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3 ь		
BAA		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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
NORD STERN REGION OF PORSCHE CLUB OF AMERICA	41-1827550
Pt_VI,_Line_6CLUB_MEMBERS_PAY_ANNUAL_DUES	
Pt_VI, Line 7a MEMBERS ELECT DIRECTORS ON PERIODIC BASIS.	
Pt_VI, Line 11b TREASURER REVIEWS 990 RECEIVED FROM ACCOUNTANT	AND THEN
IS REVIEWED BY BOARD PRIOR TO MAILING	
Pt_VI, Line_12c _DISCUSSED_AT_LEAST_ANNUALY_AT_BOARD_MEETING_TO	KEEP
MEMBERS AWARE.	