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

➤ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009

B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PORSCHE CLUB OF AMERICA ARIZONA REGION INC		D Employer identification number 86-0877550
☒ Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 3411 N 5TH AVE		E Telephone number (602) 265-4500
☐ Name change				
☐ Initial return				
☐ Terminated				
☐ Amended return		City or town, state or country, and ZIP + 4 PHOENIX, AZ 85013		F Group Exemption Number 
☐ Application pending				

◆ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ☐

I Website: <http://az.pca.org>

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one)—☒ 501(c)(7) ☐ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ If the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 109,966

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	67,454
	3	Membership dues and assessments		3	18,943
	4	Investment income		4	96
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b	133	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	-133
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here 			
	a	Gross revenue (not including \$ _ of contributions reported on line 1)	6a	0	
	b	Less direct expenses other than fundraising expenses	6b	0	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a	23,473	
	b	Less cost of goods sold	7b	23,966	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	-493
	8	Other revenue (describe  _____)		8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 		9	85,867

Expenses	10	Grants and similar amounts paid (attach schedule) 	10	400
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe )	16	83,018
	17	Total expenses. Add lines 10 through 16 	17	83,418

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,449
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	62,303
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	64,752

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	50,938	22 54,615
23	Land and buildings		23
24	Other assets (describe  _____)	11,365	24 10,137
25	Total assets	62,303	25 64,752
26	Total liabilities (describe  _____)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	62,303	27 64,752

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO PROMOTE THE HIGHEST STANDARDS OF COURTESY AND SAFETY ON THE ROADS TO ENJOY AND SHARE GOODWILL AND FELLOWSHIP ENGENDERED BY OWNING A PORSCHE TO MAINTAIN THE HIGHEST STANDARDS OF OPERATING PERFORMANCE OF THE MARQUE TO ESTABLISH RELATIONSHIPS WITH THE FACTORY, DEALERS, SERVICE PROVIDERS, AND OTHER CLUBS			
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 (3) PROVIDED ELEVEN PUBLICATIONS DURNING YEAR - "GOING PLACES" MAGAZINE - WITH ARTICLES ABOUT VEHICLE REPAIR, SAFETY, TECHNICAL SUBJECTS AND NEWS SENT TO +/-500 MEMBERS (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	
29 (2) A CHARITABLE EVENT - PHOENIX FLIGHT - WAS HELD THE NAME OF THE CHARITY BENEFITING FROM THE EVENT WAS SUNSHINE OF THE AMERICAN CANCER SOCIETY THE EVENT PROVIDED VEHICLE DISPLAYS AND JUDGING, OPEN TO PUBLIC FOR EDUCATION THE EVENT PROVIDED THE OPORTUNITY FOR MEMBER INTERACTION AND FELLOWSHIP THE PROGRAM ALSO INCLUDED AN AUTOCROSS DRIVING EVENT MEMBERS AND PUBLIC (Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30 (1) DRIVERS EDUCATION - HELD EVENTS AT CLOSED COURSE FACILITY QUALIFIED INSTRUCTORS WERE PROVIDED TO TEACH CAR CONTROL AND ADVANCE DRIVING SKILLS TO STUDENT, BEGINNER, INTERMEDIATE AND ADVANCED LEVEL DRIVERS APPROXIMATELY 30-40 DRIVERS ATTENDED EACH EVENT (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ Richard Avellone Telephone no ▶ (602) 265-4500 3411 N 5TH AVE 500 Located at ▶ PHOENIX, AZ ZIP + 4 ▶ 85013		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000 ▶

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 ▶

Please Sign Here	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.			
	***** Signature of officer		2010-09-20 Date	
Paid Preparer's Use Only	RICHARD AVELLONE Treasurer Type or print name and title			
	Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
				Phone no ▶
May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No				

Additional Data

Software ID:

Software Version:

EIN: 86-0877550

Name: PORSCHE CLUB OF AMERICA ARIZONA REGION
INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DWANE STEWART CO R AVELLONE 3411 N 5TH AVE 500 PHOENIX,AZ 85013	Director 0	0		
MARK DREHER 3933 S MCCLINTOCK DR STE 500 TEMPE,AZ 85282	Vice President 0	0		
MIKE EISELE 6210 N 52ND PLACE PARADISE VALLEY,AZ 85253	President & CEO 0	0		
JOHN CREEKMUR 4031 NORTH RECKER RD MESA,AZ 85215	Director 0	0		
DICK PETTICREW 753 W FOLLEY ST CHANDLER,AZ 85225	Director 0	0		
SUSAN BOOKSPAN CO R AVELLONE 3411 N 5TH AVE 500 PHOENIX,AZ 85013	Director 0	0		
BOB SHELKER CO R AVELLONE 3411 N 5TH AVE 500 PHOENIX,AZ 85013	Secretary 0	0		
RICHARD AVELLONE 3411 N 5TH AVE 500 PHOENIX,AZ 85013	Treasurer 0	0		
STEVE SAPARETO CO R AVELLONE 7614 E GRAPEVINE RD CAVE CREEK,AZ 85331	Past President 0	0		

TY 2009 Grants and Similar Amounts Paid Schedule

Name: PORSCHE CLUB OF AMERICA ARIZONA REGION
INC

EIN: 86-0877550

Software ID: 09000047

Software Version: 2009v1.3

Item No.	1
Class of Activity	501 C 3
Donee's Name	AMER CANCER SOC CAMP SUNRISE SIDEKICKS
Donee's Address	4550 E BELL RD STE 126 PHOENIX, AZ 85032
Amount (FMV)	400
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: PORSCHE CLUB OF AMERICA ARIZONA REGION
INC

EIN: 86-0877550

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Miscellaneous		706
Machinery and Equipment	11,365	9,431

TY 2009 Other Expenses Schedule

Name: PORSCHE CLUB OF AMERICA ARIZONA REGION
INC

EIN: 86-0877550

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
ZONE 8 CHARGE	1,310
TRAVEL	625
SUPPLIES	4,390
STATE INCOME TAXES	53
SOCIAL EVENT	22,583
SERVICES	1,528
PROFESSIONAL FEES	3,478
POSTAGE	625
OTHER	93
MEETINGS	4,758
INSURANCE	2,250
FACILITIES	36,365
Depreciation	2,877
BANK CHARGES	34
BADGE EXPENSE	532
AWARDS	1,517