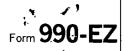


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M-9401 Department of the Treasury Internal Revenue Service

#### **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file

Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

Α	For the 2010 calendar year, or tax year beginning , 2010, and ending	,	
B	Check if applicable C	Employer iden	tification number
	Address change ROAD GEMS CAR CLUB, INC	36-4023	<u> 1</u> 353
<u> </u>		Telephone nur	nber
-	Initial return WEST POINT, NE 68788 Terminated		
-		Group Exer	motion
F		Number	► ►
G	Accounting Method X Cash Accrual Other (specify) ► H Check ►	If the o	rganization is not
- 1	Website: ► N/A required	to attach So	hedule B (Form
J	Tax-exempt status (ck only one) $ 501(c)(3)$ $\times$ $501(c)(7)$ (insert no) $4947(a)(1)$ or $527$	-EZ, or 990-l	PF) 
K	Check ► X if the organization is not a section 509(a)(3) supporting organization and its gross receipts are no	ormally not r	more than
	\$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (	(see instruct	ions). But if the
	organization chooses to file a return, be sure to file a complete return.		
L	Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	tal ►\$	39,807.
	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Insti	ructions f	•
<b></b>	Check if the organization used Schedule O to respond to any question in this Part I		X
	1 Contributions, gifts, grants, and similar amounts received	1	2,000.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	128.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory 5a		
	<b>b</b> Less: cost or other basis and sales expenses 5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
R E V	a Gross income from gaming (attach Schedule G if greater than \$15,000)		
Ž	,b_Gross_income_from_fundraising events (not including \$ of contributions		
E N U			
Ĕ	from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  6b 32,059	27777 273	
	cyLess: direct expenses from gaming and fundraising events 6c 30,881	<u>L.</u>	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and		
	6b and subtract line 6c) $\vec{\Sigma}$	6d	1,178.
	7a Gross sales of inventory; less returns and allowances 7a 5, 620		
	b-Less:-cost-of-goods-sold 5, 481	L .	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	139.
	8 Other revenue (describe in Schedule O)	8	
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	3,445.
	10 Grants and similar amounts paid (list in Schedule O)	10	<u> </u>
	11 Benefits paid to or for members	11	-
E X	12 Salaries, other compensation, and employee benefits	12	<u>_</u>
P E	13 Professional fees and other payments to independent contractors	13	215.
N S	14 Occupancy, rent, utilities, and maintenance	14	205.
EXPENSES	15 Printing, publications, postage, and shipping	15	172.
2011	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	2,575.
20	17 Total expenses. Add lines 10 through 16	▶ 17	3,167.
ಣ	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	278.
A	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	r	
ZES	figure reported on prior year's return)	19	6,658.
NOT	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
_ °	21 Net assets or fund balances at end of year Combine lines 18 through 20	▶ 21	6,936.
ШВА	A For Paperwork Reduction Act Notice, see the separate instructions.  TEEA0803L 02/10/11		Form <b>990-EZ</b> (2010)
£			
Ĭ.			
တ္က			
<b>U</b>	TEEA0803L 02/10/11		

1139 E GROVE		990-EZ (2010) ROAD GEMS CAR C				36-	-402	21353 Page <b>2</b>
22   Cash, savings, and investments   (8, 568 in 12 of Cypar								
22		Check if the organization used Sche	edule O to respond to any que	estion in this Part II	(A) B	Reginning of yea	ar	(B) End of year
23   24   Cher assets (leaser be in Schedule O)	22	Cash, savings, and investments		Ì	(,,,,,			
25 Total assets of fund balances (ine 27 of column (®) must agree with line 21)		· ·						
28 ANUAL CAR SHOW  Crants \$ 1/8 this amount includes foreign grants, check here  Grants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  31 Other programs service expenses (add inne: 28 through 31)  29 Total programs service expenses (add inne: 28 through 31)  29 Total program service expenses (add inne: 28 through 31)  29 Total programs service expenses (add inne: 28 through 31)  20 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount includes foreign grants, check here  30 Crants \$ 1/8 this amount inc	24	Other assets (describe in Schedule O)		)				
27 Net assets or fund balances (line 27 of column (9) must agree with line 21)   6, 558.   73   6, 735.	25	Total assets				6,658	. 25	6,936.
Expenses   Expenses   Committee   Expenses				)				0.
Check if the organization used Schedule Q to respond to any question in this Part III X little to expand this primary emerge provides, the Internation primary and provides the state of the number of persons benefited, and other relevant information for each of considerable the number of persons benefited, and other relevant information for each of considerable the number of persons benefited, and other relevant information for each of considerable the number of persons benefited, and other relevant information for each of considerable the number of persons benefited, and other relevant information for each of considerable the number of persons benefited, and other relevant information for each of considerable the number of persons benefited, and other relevant information for each of considerable the number of persons benefited, and other relevant information for each of considerable the number of persons benefited, and other relevant information for each of considerable the number of persons benefited, and other relevant information for each of considerable the number of persons benefited, and other relevant information for each of considerable the number of persons benefited, and other relevant information for each of considerable the number of persons benefited, and other allowance for the number of persons benefited, and other allowances for persons and the number of persons benefited, and other allowances for persons and the number of persons an	77 777						27	6,936.
Wall site beganzation's primary earnet purpose. SEE_SCHEDILE_0  Sescrible what was achieved in graing out the organization's exempt purposes. In a clear and concise manner, describe this services provided, the number of persons benefited, and other relevant information for each provided. The number of persons benefited, and other relevant information for each provided the number of persons benefited, and other relevant information for each provided the number of persons benefited, and other relevant information for each provided the services of the number of persons benefited, and other relevant information for each provided the services of the number of persons benefited, and other relevant information for each provided the services of the number of persons benefited and other relevant includes foreign grants, check here  29  (Grants \$						·	_	•
Describe what was achieved in carrying out the organization's exempl purposes. In a clear and concise marrier, describe the services provided, the number of persons benefited, and other relevant information for each of city of city.  28 ANNUAL CAR SHOW  [Grants \$ 2,000.] If this amount includes foreign grants, check here   28a   29a	11/1-4			uestion in this Part I		X	(Req	uired for section
Carais S   2,000.) If this amount includes foreign grants, check here   28a	Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purpo persons benefited, and other	oses. In a clear and relevant information	concise of for ea	e manner,	orga 4947	nizations and section (a)(1) trusts; optional
Grants \$ 2,000.) if this amount includes foreign grants, check here 29a  Grants \$ 1 if this amount includes foreign grants, check here 30a  Grants \$ 1 if this amount includes foreign grants, check here 31a  Grants \$ 1 if this amount includes foreign grants, check here 31a  Total program services (describe in Schedule O)  Grants \$ 1 if this amount includes foreign grants, check here 31a  Total program service expenses (add lines 28a through 31a)  The check if the organization used Schedule O to respond to any question in this Part IV  Check if the organization used Schedule O to respond to any question in this Part IV  Check if the organization used Schedule O to respond to any question in this Part IV  Check if the organization used Schedule O to respond to any question in this Part IV  Check if the organization used Schedule O to respond to any question in this Part IV  Check if the organization used Schedule O to respond to any question in this Part IV  Check if the organization used Schedule O to respond to any question in this Part IV  (a) Name and address  (b) Title and average hours of the Part IV  (c) Compensation (if of Quintibutions to enlique beatiful plans and address to position in the Part IV  (b) Compensation (if of Quintibutions to enlique beatiful plans and address to position in the Part IV  COTTON/ROP DETERS TO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				= =:-				
Carants \$   If this amount includes foreign grants, check here   29a					· <del></del>			
Carants \$   If this amount includes foreign grants, check here   29a								
(Grants \$ ) If this amount includes foreign grants, check here		(Grants \$ 2,000.) If th	is amount includes foreign gr	ants, check here			28a	
Grants S   If this amount includes foreign grants, check here   S   30a	29							
Grants S   If this amount includes foreign grants, check here   S   30a								
Grants S   If this amount includes foreign grants, check here   S   30a		(Crents &					20 -	
Grants S   If this amount includes foreign grants, check here     30a	30	(Grants \$ ) II th	is amount includes loreign gra	аліз, спеск пеге			29 a	
State   Comparison   Comparis	50							
State   Comparison   Comparis								
State   Comparison   Comparis		(Grants \$ ) If th	is amount includes foreign gra	ants, check here			30 a	
Total program service expenses (add lines 28a through 31a)   Satisfy   List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)   Check if the organization used Schedule O to respond to any question in this Part IV (c) Compensation (fine) and address   Oh Title and average hours per week devoted to position   Oh to paid, enter -0-)   Oh to paid to position   Oh to paid, enter -0-)   Oh to paid to position   Oh to paid to paid to paid to position   Oh to paid to	31	Other program services (describe in Sch						
Check if the organization used Schedule O to respond to any question in this Part IV (a) Name and address (b) Title and average hours (c) Compensation (for the organization used Schedule O to respond to any question in this Part IV (b) Title and average hours (c) Compensation (for the organization used Schedule O to respond to any question in this Part IV (c) Contributions (d) Contributions to per week devoted to position (not paid, enter -0) (a) Name and address (b) Title and average hours (c) Compensation (for the paid, enter -0) (d) Contributions to employee benefit plans and didefered compensation (and other allowances to the part IV (c) Title (b) Title (c) Ti		(Grants \$ ) If th	is amount includes foreign gra	ants, check here		▶ 🗍	31 a	
Check if the organization used Schedule O to respond to any question in this Part IV				. <u> </u>		•		
(a) Name and address         (b) Title and average hours per week devoted to position         (c) Compensation (if not paid, enter -0)         (d) Contributions to morpholy per week devoted to position         (c) Compensation (if not paid, enter -0)         (d) Contributions to morpholy per member of paid, enter -0)         (e) Expense account and other allowances           LARRY L. FEYERHERM         PRESIDENT         0.         0.         0.         0.           COTTONWOOD CHIMES BOX 23         PRESIDENT         0.         0.         0.         0.           WEST POINT, NE 68788         VICE PRESIDENT         0.         0.         0.         0.           5.00         BEEMER, NE 68788         SECRETARY         0.         0.         0.         0.           WEST POINT, NE 68788         TREASURER         0.         0.         0.         0.           DAVID P. FISCHER         TREASURER         0.         0.         0.           WEST POINT, NE 68788         SGT AT ARMS         0.         0.         0.           WEST POINT, NE 68788         SGT AT ARMS         0.         0.         0.	Pat					if not compensated.	(see	the instructions for Part IV
Calcal Composition   Calcal		Check it the organization used So				(d) Contributions	to	(a) Evpense account
COTTONWOOD CHIMES BOX 23			per week devoted to position	not paid, enter -0-	.`) lem	plovee benefit plan:	s and	and other allowances
WEST POINT, NE 68788					0.		0.	0.
TOM PETERSEN			5.00		İ			
S24 CANFIELD   PO BOX 304			TITCE DDECTDENO		_			
BEEMER, NE 68716   KELLY PERCHAL   SECRETARY   O.   O.   O.   O.   1144 N.   MAIN   S.00   WEST POINT, NE 68788   DAVID P. FISCHER   TREASURER   O.   O.   O.   O.   WEST POINT, NE 68788   WESLEY SCHULZKUMP   SGT AT ARMS   O.   O.   O.   O.   O.   O.   O.   O					١٠٠		υ.	υ.
RELLY PERCHAL   SECRETARY   O.   O.   O.     1144   N.   MAIN			3.00					
1144 N. MAIN	KEI	ILY PERCHAL	SECRETARY		0		n	
WEST POINT, NE 68788					٠.		٥.	
DAVID P. FISCHER			3.00					
WEST POINT, NE 68788  WESLEY SCHULZKUMP	DAV	ID P. FISCHER	TREASURER		0.		0.	0.
WESLEY SCHULZKUMP			5.00					
780 EAST WILLOW 5.00 WEST POINT, NE 68788	WES	T POINT, NE 68788						
WEST POINT, NE 68788	WES	SLEY SCHULZKUMP			0.		0.	0.
			5.00					
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	BAA		TEEA0812L 0	2/18/11				Form <b>990-EZ</b> (2010)

Form 990-EZ (2010) ROAD GEMS CAR CLUB, INC

Forn	990-EZ (2010) ROAD GEMS CAR CLUB, INC 36-402	21353	Pa	age <b>3</b>
	Other Information (Note the statement requirements in the instructions for Part V.)  Check if the organization used Schedule O to respond to any question in this Part V			
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description each activity in Schedule Q	n of <b>33</b>	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they re a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	flect 34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-explain in Schedule 0 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 a section 501(c)(4), 501(c)(5) 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
	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  a Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>36</b>		X
	b Did the organization file Form 1120-POL for this year?	37 b		X
38 a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
ŀ	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	N/A		
39	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9	0.		
	o Gross receipts, included on line 9, for public use of club facilities  a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	0.		
40 2		N/A		
ŀ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reporte on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I			
ď	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	0.		
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	0.		
	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  List the states with which a copy of this return is filed  NONE	40 e		X 
42 a	a The organization's books are in care of ► DAVID FISCHER Located at ► WEST POINT, NEBRASKA  ZIP + 4 ► 68	3 <u>7</u> 88	 	- <b>-</b> -
ŀ	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:	42b	Yes	No X
Ċ	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.  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	42 c		X
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• 		N/A <u>N/A</u> No
	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed insteat of Form 990-EZ	44a		X
ľ	Dud the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b		<u>X</u>
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
c	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44d		
BAA		Form <b>990</b>	- <b>EZ</b> (2	2010)

Form 990	)-EZ (2010) ROAD GEMS CAR CLUB,	<u>INC</u>	_	36-4021	.353	F	Page 4
<u> </u>			·			Yes	No
	any related organization a controlled entity of	•	•	, , ,	45	***********	X
<b>a</b> Did of s	the organization receive any payment from section 512(b)(13)? If 'Yes,' Form 990 and S	or engage in any trans schedule R may need to	action with a controlled be completed instead	I entity within the meaning of Form 990-EZ (see inst.	) 45a		X
<b>46</b> Did can	the organization engage, directly or indirect indidates for public office? If 'Yes,' complete	tly, in political campaigi Schedule C, Part I	n activities on behalf of	or in opposition to	46		X
Part VI	Section 501(c)(3) organizations	and section 4947	(a)(1) nonexempt	charitable trusts onl	y. All se	ection	<u> </u>
	501(c)(3) organizations and sec 47-49b and 52, and complete the	ction 494/(a)(1) no	nexempt charitable	e trusts must answer	questic	ons	
	•						
	Check if the organization used Schedule	e O to respond to any q	uestion in this Part VI			· ·	لل
47 0.4	the average transport of the latest transport of the l	002   f   1/00   00000   1040   C	Cabadula O Dadill		47	Yes	No
	the organization engage in lobbying activiti he organization a school as described in se	•	•	lulo E	47 48		<del></del>
	the organization a school as described in se		•	idle L	49 a		<del></del>
	res,' was the related organization a section	•	ciated organization.		49 b		
	mplete this table for the organization's five i	•	nplovees (other than of	ficers, directors, trustees			
em	ployees) who each received more than \$10	0,000 of compensation	from the organization I	f there is none, enter 'Nor	ie.'		
	(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 and deferred compensation		pense nt and owance:	s
						•	
	al number of other employees paid over \$1						
51 Cor	nplete this table for the organization's five hapensation from the organization. If there is	iighest compensated in none, enter 'None,'	dependent contractors	who each received more t	han \$100,	000 of	i
	(a) Name and address of each independent conti		)	(b) Type of service	(c) Comp	ensatio	 n
		- <b>-</b>					
			-				
<b>d</b> Tota	al number of other independent contractors	each receiving over \$1	00,000			-	
	the organization complete Schedule A? No		organizations and 4947	7(a)(1) nonexempt	. 🗀 .		
	ritable trusts must attach a completed Sche				Yes		No
true, correc	lities of penalty, I declare that I have examined this return t, and complete. Declaration of preparer other than offic	, including accompanying sche er) is based on all information	edules and statements, and to of which preparer has any kno	the best of my knowledge and beli- wledge	iet, it is		
	- Lavid & Twen	1	ZI	5=12-11			
Sign	Signature of officer	1.02.16	) _	Date			
Here	DAVID P. FISCHER	but I Just		TREASURER			
	Type or print name and title  Print/Type preparer's name	Preparer's signature	I Data	Charle L. PTIN			
D-2.1	** **	( ZNO	Date 5-	. Check III		7	
Paid Preparer	RONALD D. PORTER  Firm's name DELKERS & ASSOC			self-employed PU	<u> 130717</u>	<u> </u>	
Use Only				Firm's EIN > 2	0-3049	128	
,	WEST POINT, NE			Phone no (402)			
May the I	RS discuss this return with the preparer she		ctions		►X Yes		No
BAA					Form 990		

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

# Supplemental Information Regarding Fundraising or Gaming Activities

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open to Public Inspection

	D GEMS CAR CLUB, INC						36-402135	
NOA	Fundraising Activities Compl	ete if the organ	ization an	swered 'Ye	es' to Form 990 Part IV	line 17		<del>-</del>
	Fundraising Activities. Compl Form 990-EZ filers are not rec	quired to comple	ete this pa	rt_		, 11110 17		
1	Indicate whether the organization r	aised funds thr	ough any	of the follo	wing activities. Check a	all that a	pply	
а	Mail solicitations			е	Solicitation of non-	governm	ent grants	
b	. H							
c	Phone solicitations			g	H		<b>3</b>	
d	In-person solicitations			9		0.000		
		or oral agreem	nent with a	anv individi	ual (including officers, d	lirectors	trustees or key	
	Did the organization have a writter employees listed in Form 990, Par	t VII) or entity ii	n connecti	on with pro	ofessional fundraising s	ervices?	, 2 4 5 1 5 6 7	Yes No
b	If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	dividuals or enti e organization.	ities (fundi	raisers) pu	rsuant to agreements u	nder wh	ich the fundrais	er is to be
(i)	Name and address of individual	(ii) Activity	(iii) Dıd	fundraiser	(iv) Gross receipts	( <b>v)</b> Ar	mount paid to	(vi) Amount paid to
• • •	or entity (fundraiser)	'		dy or control	from activity	(or	retained by) aiser listed in	(or retained by)
			oi conti	ibutions?			olumn (i)	organization
			Yes	No			.,	
			103	110		ļ		
1			1			1		
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2								
3								
4								
5								
6								
7								
8								
			<u> </u>	ļ				
9								_
10								
Total				•				
3	List all states in which the organiza or licensing	ation is registere	ed or licen	sed to soli	cit contributions or has	been no	otified it is exem	pt from registration
			_ <b>_</b>					
					- <b></b>			
		<del></del> .	<del>_</del>					
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Schedule <b>G</b> (Form 990 or 990-EZ) 2010	ROAD	GEMS	CAR	CLUB	TNC
Scriedale di levilli 330 di 330-LZ/ 2010	KOM	GLIJD	CM	спор,	TINC

36-4021353

Page 2

Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000. (d) Total events (add column (a) (a) Event #1 (c) Other events (b) Event #2 ANNUAL CAR SHO through column (c)) REVENUE (event type) (event type) (total number) 32,059 32,059. 1 Gross receipts 2 Less. Charitable contributions 3 Gross income (line 1 minus line 2) 32,059. 32,059. 4 Cash prizes 5 Noncash prizes DIRECT 6 Rent/facility costs 7 Food and beverages EXPENSES 8 Entertainment 30,881. 9 Other direct expenses 30,881. 10 Direct expense summary. Add lines 4- through 9 in column (d) 30,881. Net income summary. Combine line 3, column (d), and line 10 1,178. **Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) Total gaming REVENUE bingo/progressive bingo (add column (a) through column (c) 1 Gross revenue 2 Cash prizes D I P E N S T S 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 옿 용 Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1, column (d) and line 7 **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? No **b** If 'No,' explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

Sch	edule G (Form 990 or 990-EZ) 2010 ROAD GEMS CAR CLUB, INC	36-402	1353	Page 3
_	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for administer charitable gaming?	ormed to	Yes	No
13	Indicate the percentage of gaming activity operated in.	1 1		
	a The organization's facility	13a		8
	<b>b</b> An outside facility	13b		<del></del>
	Enter the name and address of the person who prepares the organization's gaming/special events books at	nd records:		
	Name ►			
	Address ►			
ı	a Does the organization have a contact with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and of gaming revenue retained by the third party ► \$ c If 'Yes,' enter name and address of the third party		Yes	No
	Name ►			
	Address ►			
16	Gaming manager information			
	Name ►	<del>-</del>		
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to restate gaming license?	tain the	Yes	No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations of	spent in th	ne	
R200000	organization's own exempt activities during the tax year  \$			
	Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as appendix part to provide any additional information (see instructions).	ired by for the property of th	Part I, line Also cor	e 2b, nplete
	PART I, LINE 2B - FUNDRAISER ADDITIONAL INFORMATION			
	THE CAR SHOW IN THE FALL OF THE YEAR WILL BRING IN THOUSANDS OF PEC			
			NG COUN'	<u> </u>
	VISITORS BUREAU GAVE THE CAR CLUB THE \$2,000 GRANT BECAUSE OF THE C			
	BENEFIT WEST POINT BUSINESS AND MAIN STREET RECEIVE DUE TO THE LARCE	E NUMBI	ER OF PI	EOPLE
	THE EVENT WILL DRAW.			
		_		<del></del>
				<del></del>

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

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

	Employer identification number
ROAD GEMS_CAR_CLUB, INC	36-4021353
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
TO ORGANIZE THE LAST FLING TILL SPRING CAR SHOW TO HELP BRING P	EOPLE TOGETHER THAT
HAVE AN APPRECIATION OF MOTOR VEHICLES. THE CAR SHOW ALSO HELPS	THE COMMUNITY OF
WEST_POINT_NEBRASKA_BY_BRINGING_IN_THOUSANDS_OF_PEOPLE_ON_ONE_W	EEKEND FOR THE CAR
SHOW.	
<del>-</del>	
	<b>-</b>

2010	SCHEDULE O - SUPPLEMENTAL INFORMATION	PAGE 2
CLIENT M-9901	ROAD GEMS CAR CLUB, INC	36-4021353
5/12/11		11:06AM
FORM 990-EZ, PA OTHER EXPENSE	ART I, LINE 16 ES	
BANK CHARGES INSURANCE TAXES	\$	9. 1,054. 212.
WEB DOMAIN	TOTAL \$	1,300. 2,575.
1	1011111 2	
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