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Form **990**

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)

2010

OMB No 1545-0047

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 reporting requirements

BAA For Paperwork Reduction Act Notice, see the separate instructions.

A	For the 2010 ca	lendar year, or tax year beginn	ing	, 2010, and	ending		·	
В	Check if applicable	C Name of organization NORD	STERN REGION OF	PORSCHE CLUE	OF AMERI	ICA D Employ	er Identification Nur	mber
	Address change	Doing Business As				41-1	1827550	
	Name change	Number and street (or P O box	if mail is not delivered to stree	t addr)	Room/suite	E Telepho	ne number	
	Initial return	6767 MARSH RIDGE	COURT			(952	2) 975-5 <u>9</u> 3	31
	Terminated	- City, town or country		State ZIP	code + 4		_	
	Amended return	EDEN PRAIRIE		MN 55	346-261	2 G Gross re	eceipts \$ 200	,512.
	Application pen	f Name and address of principal	officer		H(a) Is	this a group return	n for affiliates?	Yes X No
		JEFFERY BLUHM 6767 MAR	SHRIDGE CT EDEN PI	RAIRIE MN 55		re all affiliates incli 'No,' attach a list		Yes No
ī	Tax-exempt statu	s 501(c)(3) X 501(c) (7) ◄ (insert no)	4947(a)(1) or	527 "	NO, attach a list	(see instructions)	
J	Website: ►				H(c) G	Group exemption nu	ımber 🏲	
ĸ	Form of organizat	on X Corporation Trust	Association Other ►	L Year o	of Formation 1	.990 M s	State of legal domicil	e MN
F	art I Sumi							
	1 Briefly de	scribe the organization's mission	on or most significant a	ctivities DRIV	ER IMPRO	OVEMENT A	ND SAFE	
4	PARTIC	CIPATION AT CLUB TRA	CK EVENTS.					
Š								
Ē			- <i></i>					
Activities & Governance	2 Check thi	s box 🟲 📘 if the organization			d of more tha	an 25% of its i		
۵	3 Number of	f voting members of the govern					3 7	
9	4 Number of	f independent voting members iber of individuals employed in					4 7 5 0	
2	6 Total num	nber of volunteers (estimate if n		iit v, iiile zaj		ŀ	6 25	
Ā	7a Total unre	elated business revenue from P		e 12		ľ	7a	19,387.
		ated business taxable income fr				İ	7b	-19,052.
						Prior Year	Curi	rent Year
_	8 Contributi	ons and grants (Part VIII, line 1	lh)					9,018.
Revenue	9 Program	service revenue (Part VIII, line :	29)	les !		227,8	00.	191,494.
eVe	10 Investme	service revenue (Part VIII, line : nt income (Part VIII, column (A) enue (Part VIII, column (A), line	Tines of A told 7 di	701				
ã	1 0	(, , , , , , , , , , , , , , , ,	and the second s	· · · · · · · · · · · · · · · · · · ·				-
_		nue – add lines 8 through 11\(r			2)	227,8	00.	200,512.
	13 Grants an	d sımılar amounts paıd (Part I	(1)					
		oald to or for members (Part IX)		Til I		<u></u>		
o	, 15 Salaries,	other compensation, employee		(A), lines 5-10	D)			
Fynoncoe	16a Profession	nal fundraising fees (Part IX, co	olumn (A) line 11e)					
ğ	b Total fund	lraising expenses (Part IX, colu	mn (D), line 25) -					
ú	17 Other exp	enses (Part IX, column (A), line	es 11a-11d, 11f-24f)			214,2	62.	224,271.
	18 Total exp	enses Add lines 13-17 (must ed	qual Part IX, column (A), line 25).		214,2		224,271.
	19 Revenue	less expenses Subtract line 18	from line 12			13,5		-23,759.
5	8				Beg	inning of Current		of Year
Assots	20 Total asse	ets (Part X, line 16)				76,1		52,346.
A S	21 Total liabi	lities (Part X, line 26)					0.	
Ž	22 Net asset	s or fund balances Subtract lin	e 21 from line 20			76,1	05.	52,346.
P	art II Signa	ture Block				<u> </u>		
, U	nder penalties of period	The lare that have examined this return prepare (other than officer) is based on a	nuncluding accompanying sch	edules and statements	s, and to the bes	st of my knowledge	and belief, it is true	e, correct, and
O CC	Implete Declaration of	prepare (other than officer) is based on a	m mormation of which prepare	r has any knowledge		-		
	J.					<u> </u>	3111	
S	ign si	cature of officer				Date	•	
H		EFFERY BLUHM			TR	EASURER		<u> </u>
_		pe or print name and title	- A	_ 			·	
		rpe preparer's name	reparer's signature	Date	<i>_</i> 1.	Check X	of PTIN	60.001
		ES J. BOCK	AL N/	\	76/11	self-employe	id P O \	259581
	reparer Firm's				1 ·			
U	se Only Firm's		PNDS BLVD., #1			Firm's EIN		
_		COON RAPIDS		MN 55433		Phone no		-5230
M	ay the IRS discus	s this return with the preparer s	shown above? (see inst	ructions)			X Ye	s No
_	- - -							

Form		ON OF PORSCHE CLUB OF AMERICA	41-1827550	Page 2
Par	·	ervice Accomplishments		
•	Check if Schedule O contains a	a response to any question in this Part III		
1	Briefly describe the organization's mis			
	DRIVER IMPROVEMENT AND			
	PARTICIPATION AT CLUB T	RACK EVENTS.		
2		gnificant program services during the year which were not listed o		
	Form 990 or 990-EZ?		<u> </u>	es X No
_	If 'Yes,' describe these new services of		,	(F) N-
3	-	g, or make significant changes in how it conducts, any program se	rvices / Y	es X No
	If 'Yes,' describe these changes on So		os bu ovacascos. Sou	stion 501(a)(3)
4	and 501(c)(4) organizations and section expenses, and revenue, if any, for each	ments for each of the organization's three largest program service on 4947(a)(1) trusts are required to report the amount of grants ar ch program service reported	nd allocations to oth	ers, the total
		including grants of \$) (F	Pavanua ¢	
48	(Code) (Expenses \$	including grants of \$) (F	revenue 5	
			-	
41:	(Code) (Expenses \$	including grants of \$) (F	Revenue \$)
			· <u>-</u>	
		~		
			_	
40	(Code) (Expenses \$	including grants of \$) (F	Revenue \$)
				·
4 d	Other program services (Describe in			
	(Expenses \$ ■ Total program service expenses ►	including grants of \$) (Revenue \$		
BAA		TEEA0102 10/06/10	F	orm 990 (2010)

١,

Part IV Checklist 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 1 Х Schedule A 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Х 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 **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 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х Part I 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Χ Did the organization report an amount in Part X, line 21, 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 X Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V10 Х If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 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 **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 11 b 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 Х 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 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12a Х 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. XII. and XIII is optional. 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 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 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 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 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 hospitals? If 'Yes,' complete Schedule H 20 Х b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990

filers that operate one or more hospitals must attach audited financial statements (see instructions)

20 b

Yes No 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 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 IX. column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III Х 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 23 Х Schedule J 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, 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 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 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 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 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes, 'complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Х 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) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a Х **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х 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 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M* 30 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х 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 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 Х a 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 X No Yes 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 36 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 37 Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

BAA

Part IV `

Form 990 (2010)

	Check if Schedule O contains a response to any question in this Part V			Г
<u>`</u>	Officer in Carlocatio C Contains a respective to any question in the care		Yes	No
1 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 0	1 1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		ļ
	(gambling) winnings to prize winners?	1 c	X	
	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.	1 1		
t	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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	<u>X</u>	-
t	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	_3b	X	<u> </u>
	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	4a		х
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
Ł	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		L.
6 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?	6a		Х
Ł	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).			
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?	7a		х
t	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		X
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	- }		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	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		
9	Sponsoring organizations maintaining donor advised funds.	1 1		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter	1 1		
	Initiation fees and capital contributions included on Part VIII, line 12	!		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 0.			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year	1 1		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	_		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	!	X
b	of 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14b		

Form 990 (2010) NORD STERN REGION OF PORSCHE CLUB OF AMERICA 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 lx l Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 7 1b 7 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 2 Х officer, director, trustee or key employee? 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 4 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 х 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a governing body? Х 7b **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a 8Ь Х **b** Each committee with authority to act on behalf of the governing body? 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 q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10 a Does the organization have local chapters, branches, or affiliates? Х b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 Х 13 Does the organization have a written whistleblower policy? 13 Х 14 Does 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,' has the organization adopted 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? 16b 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 Another's website X Upon request Own website 19 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 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 6767 MARSH RIDGE CT EDEN PRAIRIE MN 55346 (612) 270-4808

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

- 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, 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	(C)		(D)	(E)	(F)						
Name and title	Average							Reportable	Reportable compensation from	Estimated		
	hours per week (describe hours for related organiza- tions in Schedule O)	andividual forces	mshluhonal kuslee	Offi 😝	Key employee	High est cointensated employee	ru,nei	compensation from the organization (W-2/1099 MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
(1) KIM FRITZE												
PRESIDENT	3.00			Х				0.	0.	0.		
(2) BRET_BAILY	.			ĺ		i						
VP	3.00			X				0.	0.	0.		
(3) DALE TRIPLER						į	}					
SECRETARY	2.00	i	_	Х			ļ	0.	0.	0.		
_(4)_JEFFERY_BLUHM									_			
TREASURER	3.00			Х				0.	0.	0.		
_(5)_ROBERT_BARKER						j			_	_		
DIR	1.00		_	X	_			0.	0.	0.		
_(6) PAM_VIAU	1 00			.,						•		
DIR	1.00			Х				0.	0.	0.		
_(7)_CAL_TOWNSENDDIR	1.00			Х				0.		0		
			_	Λ_	-				0.	0.		
_(8)												
(9)												
(10)												
(1)												
(12)												
(13)												
(14)		_										
(15)												
(16)												
(נים							_					
ВАА		1	EEA	0107	12	21/10		<u></u>	·	Form 990 (2010)		

Part VII Section A. Officers, Directors, Trust	(B)		<u></u>		c)	C3,	aii	(D)	(E)	l	(F)	1110
Name and title	Average Position (check all that apply) Reportable Re		Reportable	eportable Estim								
	hours per week (describe hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of compensa from th organizal and rela organizati		on ed
(18)											-	_
(19)	-											
(20)					-							
(21)	-		 									
(22)			 		-						<u></u>	
(23)					\vdash							
(24)	-				-							
(25)												
(26)					-							
(27)					-							
(28)			-		-							
(29)												
1 b Sub-total		<u> </u>		<u> </u>	L	<u> </u>	•	0.	0.			_0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	A						_	0.	0.	<u> </u>		
Total number of individuals (including but not limited from the organization	d to tho	se li	sted	labo	ove)	who	o red			able co	mpens	0. ation
nom the organization											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	or trust ndividua	ee, I	key	emp	oloy	ee, o	or hi	ghest compensate	ed employee	3		Х
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to	portable han \$15	cor 0,00	npe	nsat If 'Y	ion es'	and com	oth plet	er compensation e Schedule J for	from			
 such individual Did any person listed on line 1a receive or accrue c for services rendered to the organization? If 'Yes,' c 	ompens	ation	n fro	om a	any <i>I fo</i> i	unre	late	d organization or erson	ındıvıdual	5		x
Section B. Independent Contractors										1	•	
1 Complete this table for your five highest compensat compensation from the organization	ed inde	pend	dent	cor	itrac	tors	tha	t received more th	nan \$100,000 of			
Name and business addres	s		_					Description (B)	of services		C) ensatio	onn
		_										
		_										
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	but not	lımı	ted	to th	ose	list	ed a	above) who receive	ed more than			
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Pa	t VIII' Statement of Revenue				· ——
•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
· ·	1a Federated campaigns 1a				
NTS	b Membership dues 1b 9,018.	<u> </u>			
SR.		-			
S, I	c Fundraising events 1c	-			
F.E.	d Related organizations 1d	<u>. </u>			İ
ξ	e Government grants (contributions)	_			
TO S	f All other contributions, gifts, grants, and				
SET.	similar amounts not included above 1f				
N O	g Noncash contributions included in Ins 1a-1f \$				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	h Total. Add lines 1a-1f	9,018.			
PROGRAM SERVICE REVENUE	Business Code				
EN	2a PROGRAM ADVERTISING 711210	18,887.	0.	18,887.	0.
Ē	b MERCHANDISE SALES 711210	500.	0.	500.	0.
GE			172,107.	0.	0.
Ž		172,107.	1/2,10/.		<u>.</u>
SE	d	 			
₹A₩	e				<u> </u>
OGI	f All other program service revenue				
_ <u>#</u>	g Total. Add lines 2a-2f	191,494.			
	3 Investment income (including dividends, interest and				
	other similar amounts)	·			
	4 Income from investment of tax-exempt bond proceeds ▶	·			
	5 Royalties	•			
	(i) Real (ii) Personal				
	6a Gross Rents	-			
	b Less rental expenses	1			
	c Rental income or (loss)	-			
	d Net rental income or (loss)				
	` 				-
	/a Gross amount from sales of	-			
	assets other than inventory	-			
	b Less cost or other basis				
ļ	and sales expenses				ļ
	c Gain or (loss)				
	d Net gain or (loss)				
ä	8a Gross income from fundraising events (not including \$				
E	of contributions reported on line 1c)				
#	See Part IV, line 18				
OTHER REVEN	b Less direct expenses b	1			
5	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities				
	b Less direct expenses b	-			
	· · · · · · · · · · · · · · · · · · ·	-			
	c Net income or (loss) from gaming activities				
- 1	10a Gross sales of inventory, less returns				
	and allowances a	-			
	b Less cost of goods sold b	1			
ļ	c Net income or (loss) from sales of inventory			·	
	Miscellaneous Revenue Business Code	_[
	11a				
	b				
ļ	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	200,512.	172,107.	19,387.	
1	12 I Viai Teverine: Occ manachons	1 200,312.	114,101.	19,301.	<u> </u>

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do i	not include amounts reported on lines	(A)	(B) Program service	(C) Management and	(D) Fundraising
6b,	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. 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 contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
C	: Accounting	950.			
C	Lobbying				
e	Professional fundraising services See Part IV, line 17				<u> </u>
f	Investment management fees				
Ğ	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				·
	Royalties				
	Occupancy			<u> </u>	
	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates			<u> </u>	
	Depreciation, depletion, and amortization				
	Insurance	5,400.			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PRINTING AND MAILING	37,939.			
b	TRACK RENTAL	118,083.			
c	TRAVEL	1,321.			
	SECURITY	3,143.			
	TRACK OPER EXPENSE	41,486.			
	All other expenses	15,949.			
	Total functional expenses Add lines 1 through 24f	224,271.			
	Joint costs. Check here ▶ ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
ΔΔς				-	Form 990 (2010)

(B) End of year (A) Beginning of year 1 50,867. 74,626. Cash - non-interest-bearing 1,680. 2 1,680. Savings and temporary cash investments Pledges and grants receivable, net 3 3 -318 4 -318. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees Complete Part II of Schedule L 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) 6 7 Notes and loans receivable, net 8 117. 117. Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 10b 10 c b Less accumulated depreciation Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 76,105. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 52,346 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 0. 0. Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 õ Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 76,105. 32 52,346. 33 Total net assets or fund balances 76,105. 33 52,346. 34 Total liabilities and net assets/fund balances 76,105. 34 52,346.

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Part X

Balance Sheet

Form 990 (2010)

Form 990 (2010) NORD STERN REGION OF PORSCHE CLUB OF AMERICA	41-1827550		Pa	<u>ige 12</u>		
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			12.		
2 Total expenses (must equal Part IX, column (A), line 25)	2			71.		
3 Revenue less expenses Subtract line 2 from line 1	3			<u> 59.</u>		
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		76,1	05.		
5 Other changes in net assets or fund balances (explain in Schedule O)	5					
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6						
Part XII Financial Statements and Reporting						
Check if Schedule O contains a response to any question in this Part XII				\Box		
1 Accounting method used to prepare the Form 990 X Cash Accrual Other		\Box	Yes	No		
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?				Х		
b Were the organization's financial statements audited by an independent accountant?				Х		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?						
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	1					
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both	re issued on a					
Separate basis Consolidated basis Both consolidated and separate basis						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single	3a		Х		
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.	ne required audit	3ь				
BAA		Form	990 ((2010)		

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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

Name of the organization	Employer identification number
NORD STERN REGION OF PORSCHE CLUB OF AMERICA	41-1827550
Pt_VI-A, Line 6 _ CLUB_MEMBERS_PAY_ANNUAL_DUES	
Pt_VI-A, Line 7a MEMBERS ELECT_DIRECTORS ON PERIODIC BASIS.	
Pt_VI-B, Line 11a TREASURER REVIEWS 990 RECEIVED FROM ACCOUNTANT A	AND THEN
IS REVIEWED BY BOARD PRIOR TO MAILING.	
Pt VI-B, Line 12c DISCUSSED AT LEAST ANNUALY AT BOARD MEETING TO	KEEP
MEMBERS_AWARE.	
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