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Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490




D Employer identification number

86-0877550

E Telephone number

(602) 265-4500

F Group Exemption
Number 

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)(3) ☒ 501(c)(7) ☐ (insert no.) ☐ 4947(a)(1) or ☐ 527

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 80,115

Check if the organization used Schedule O to respond to any question in this Part I ☒

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2010)

Check if the organization used Schedule O to respond to any question in this Part II ☒

(B) End of year

22	Cash, savings, and investments	54,615	22	42,538
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	10,137	24	12,942
25	Total assets	64,752	25	55,480
26	Total liabilities (describe in Schedule O)		26	4,644
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	64,752	27	50,836

Check if the organization used Schedule O to respond to any question in this Part III ☒

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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 . . . <input type="checkbox"/>	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 . . . <input type="checkbox"/>	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 . . . <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32
















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 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
See Additional Data Table				

Part V

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 ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O 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), or 501(c)(6) organization 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? (see instructions)	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 tax year 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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	Yes	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 <input type="checkbox"/>  and enter the amount of tax-exempt interest received or accrued during the tax year . . . 	43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	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		No

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here	Signature of officer		Date	
	RICHARD AVELLONE Treasurer			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification 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: 10000105

Software Version: 2010v3.2

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-PORSCHE CLUB AZ 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-PORSCHE CLUB AZ 3411 5TH AVE 500 PHOENIX,AZ 85013	President & CEO 0	0		
JOHN CREEKMUR-PORSCHE CLUB AZ 3411 5TH AVE 500 PHOENIX,AZ 85013	Director 0	0		
DICK PETTICREW-PORSCHE CLUB AZ 3411 5TH AVE 500 PHOENIX,AZ 85013	Director 0	0		
SUSAN BOOKSPAN-PORSCHE CLUB AZ 3411 N 5TH AVE 500 PHOENIX,AZ 85013	Director 0	0		
BOB SHELKER-PORSCHE CLUB AZ 3411 N 5TH AVE 500 PHOENIX,AZ 85013	Secretary 0	0		
RICHARD AVELLONE-PORSCHE CLUB 3411 N 5TH AVE 500 PHOENIX,AZ 85013	Treasurer 0	0		
STEVE SAPARETO-PORSCHE CLUB AZ 3411 N 5TH AVE 500 PHOENIX,AZ 85013	Past President 0	0		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization PORSCHE CLUB OF AMERICA ARIZONA REGION INC	Employer identification number 86-0877550
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Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$0 Accounts Payable and Accrued Expenses - Ending \$4644

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1	Other Assets 1	PREPAID EXPENSES - Beginning \$0 PREPAID EXPENSES - Ending \$4929

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1004	Other Assets 1004	Miscellaneous - Beginning \$706 Miscellaneous - Ending \$540

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$9431 Machinery and Equipment - Ending \$7473

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	BANK CHARGES \$102

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	BADGE EXPENSE \$104

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	GOODIE STORE EXP \$138

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	POSTAGE \$239

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	ZONE 8 CHARGE \$262

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	TRAVEL \$372

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	OTHER \$620

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	SOFTWARE COST \$960

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	AWARDS \$1238

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	INSURANCE \$1350

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	MEETINGS \$3820

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	SUPPLIES \$4947

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	SOCIAL EVENT \$21980

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	FACILITIES \$28353

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$2124